

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

27th June 2022

LMC Event - GMC Guidance Review 'Good Medical Practice' and Learning Workshop – Thursday 14th July 6:30pm to 9:15pm at Weetwood Hall, Bramley Suite

The GMC is holding a public consultation to review its core guidance for medical professionals, Good Medical Practice. This review will help the GMC support medical professionals to navigate the ethical challenges they face now and in the future. The GMC want their updated guidance to promote positive workplace cultures that are compassionate, civil, inclusive and fair, to achieve the best possible outcomes for patients.

Leeds LMC have invited the GMC to lead an event to enable those working in general practice in Leeds to influence the outcome of this important guidance review, as well as to provide an opportunity for shared learning on important aspects of Good Medical Practice.

The event will be held from 7pm to 9:15pm with a buffet meal between 6:30-7pm. Please see the attached flyer for more information.

NHS Property Services (NHSPS) v BMA legal case

Since early 2020, the BMA has been supporting 5 GP practices in legal dispute with NHS Property Services (NHSPS) around inflated service charges. The case has been broken into two phases by the court: phase one to look into the principles of which services NHSPS can charge the practices for, and phase two to look into what the exact amounts of any charges will be. The judgment on phase one of the trial has now been made and in determining which services practices are liable to pay the court has decided in favour of NHSPS.

These proceedings were initially launched because NHSPS appeared to be increasing GP practices' service charges in reliance on its Consolidated Charging Policy. However, in June 2020 NHSPS conceded that its charging policy did not impliedly vary these practices' obligations retrospectively, and the recent judgment confirms that in none of the five practices' cases was NHSPS' charging policy incorporated into the terms of their tenancy.

GP practices' service charge obligations can only be determined on a case-by-case basis. The judgment confirms that practices facing demands for fees that they do not understand should take a constructive approach, and seek their own advice to investigate what is and is not recoverable by way of service charges. This has always been our approach and we have consistently advised practices to do their own due diligence.

During these proceedings we have seen NHSPS' claims for outstanding service charges revised vastly, in one case being reduced by as much as 34% (more than £178,000). This underlines the opacity of NHSPS' methods for calculating charges. Had the BMA not supported the GP practices in this case to defend NHSPS' claims for charges they could have overpaid hundreds of thousands of pounds to NHSPS, which NHSPS was unable to substantiate when required to do so.

The case is not over, with the next stage to determine how much these practices may owe, if indeed they received the services to the required standard or even at all. We are discussing our next steps with the legal team, and will provide further updates and guidance as they become available.

Accelerated access to patient records

Arrangements for prospective access to patient records was due to go live at the end of 2021 but was delayed due to concerns from the profession. The Secretary of State has now confirmed a launch date of 1 November 2022. The BMA is meeting regularly with NHS England and has participated in several workshops looking at clinical safety issues, redaction and guidance documents. They have worked with system suppliers and with safeguarding leads and hope mitigations will be in place to address any ongoing safety concerns. There are several steps that practices need to take between now and the launch date and further guidance will be provided on this shortly.

Fit Notes

From 1 July, new legislation will be enacted which will allow nurses, occupational therapists, pharmacists, and physiotherapists to legally certify fit notes, in addition to doctors who are currently the only profession able to do so.

Non-statutory guidance has been developed to help individuals identify if this task is within their scope of practice as well as a new training module which should be completed before taking up this task. These new products will be available from 1 July. There will be a rollout period from this date where GP IT systems will be updated to reflect the change.

Guidance on the use of FIT in Primary Care

The British Society of Gastroenterology (BSG) and the Association of Coloproctology of Great Britain and Ireland have produced new joint guidance on use of faecal immunochemical testing (FIT) in patients with signs or symptoms of suspected colorectal cancer. A [guidance summary](#) has been produced which recommends the use of FIT as a triage tool in primary care for patients presenting with all suspected colorectal cancer symptoms except anal / rectal mass or anal ulceration. It also recommends that those with a FIT threshold of fHb <10µg Hb/g are **not referred** and are managed in primary care, providing there is no ongoing clinical concern or unexplained symptoms, and appropriate safety netting is in place.

Submitting locum GP forms to PCSE

NHS Pensions have announced that the [GP locum 10 week rule](#) for Locum forms is being reintroduced from October 2022. GPs can read the latest PCSE guidance for Locum GPs [here](#). A system change is being implemented at the end of July to extend the financial month drop down in the Locum B form to ensure Locum GPs can use PCSE Online to submit their forms all year round going forwards.

We have worked with key stakeholders to produce a new guide for GPs and non GP Partners who are planning to retire or take 24 hour retirement.

NHS Pension Scheme Retirement Guide for GPs and non GP partners

A new PCSE [NHS Pensions Scheme Retirement guide](#) has been produced to explain the six key steps of the process NHS Pension Scheme members whose pension contributions are administered by PCSE need to follow if they wish to claim NHS Pension retirement benefits. The guide also sets out the timeline for each of the steps in the process and includes some helpful Top Tips. GPs and non GP Partners should read the guide in full, 12 months before the date they plan to retire.

Metformin and reduced vitamin B12 levels: new advice for monitoring patients at risk

MHRA have issued new [advice](#) relating to vitamin B 12 deficiency in patients taking metformin. Decreased vitamin B12 levels, or vitamin B12 deficiency, is now considered to be a common side effect in patients on metformin treatment, especially in those receiving a higher dose or longer treatment duration and in those with existing risk factors. They are therefore advising checking vitamin B12 serum levels in patients being treated with metformin who have symptoms suggestive of vitamin B12 deficiency. We also advise that periodic monitoring for patients with risk factors for vitamin B12 deficiency should be considered.

Monkeypox (MPX)

Legislation was laid on 7 June 2022 which made monkeypox (MPX) a notifiable infectious disease under the Health Protection (Notification) Regulations 2010 from 8 June 2022. This means all doctors in England are required to notify their local council or local Health Protection Team (HPT) if they suspect a patient has monkeypox. Laboratories must also notify the UK Health Security Agency (UKHSA) if the monkeypox virus is identified in a laboratory sample. Information can be found [here](#). If you are unsure about a case please contact the Infectious Diseases Team at LTHT for advice and guidance using the switchboard 0113 243 3144. Infectious disease teams will then decide whether the person should be referred to Leeds Sexual Health Services for further clinical assessment, swabbing and testing

COVID infection rates

The UK Health Security Agency [published](#) the national influenza and COVID-19 report on Friday 17 June, monitoring COVID-19 activity, seasonal flu and other seasonal respiratory illnesses and surveillance indicators suggest that, at a national level, COVID-19 activity (including case rates) has increased in week twenty-three of 2022. The main findings include:

- The number of acute respiratory infection incidents (suspected outbreaks) increased to 170 in week 22, compared to 78 in the previous week.
- Positivity for laboratory confirmed cases for week 23 was 3.3 per 100,000 population, a slight increase from 3.00 in the previous week.
- The hospital admission rate was 6.10 per 100,000 population, in the previous week it was 4.65 per 100,000 population.
- Hospital admission rates for COVID-19 were highest in the North East, with a rate of 10.70 per 100,000 population.
- The highest hospital admission rates continue to be those aged 85 and over

According to the [ONS](#), there was an increase in the percentage of people testing positive for coronavirus (COVID-19) in England, Wales, Scotland and Northern Ireland likely caused by infections compatible with Omicron variants BA.4 and BA.5. In England, the estimated number of people testing positive for COVID-19 was 1,131,000 (95% credible interval: 1,066,000 to 1,196,100), equating to 2.07% of the population or around 1 in 50 people.

In the week ending 11 June 2022, the percentage of people testing positive increased in all English regions except the North East, where the trend was uncertain.

Hospitals across West Yorkshire now have a total of 219 patients with COVID-19. This number has increased by 41 (23%) over the past week. The current increase, driven by the Omicron BA.4/5 variants began on 7 June, from a low point of 74 patients. The current

total includes three patients in mental health beds. The number in HDU/ITU is three. Non-COVID demand remains very high in all sectors.

Weight Management Services

Enhanced Service referrals into Leeds Tier 2 and Tier 3 Weight Management services have increased significantly in recent months and patient waiting times are increasing as a result. This is a concern the LMC have raised with commissioners, particularly as practices are being encouraged to refer more patients to these services.

Tier 2 weight management services provided by One You Leeds are experiencing significant capacity issues with a 6 week wait waiting list for accessing their 'getting started' sessions due to referral demand exceeding capacity. Tier 3 specialist weight management services provided by Leeds Community Healthcare, in collaboration with Leeds Teaching Hospitals and Leeds and York Partnership NHS Trust have seen a 100% increase in referral activity over the last few months, with patient waiting times now in excess of 10 weeks. Both services are working hard to try to manage demand/configure provision differently, including group delivery where appropriate, nonetheless it is not possible to maintain planned pathways and as a result patient flow is being impacted. In addition, no new financial resource is available to increase capacity currently (both locally and nationally).

Alternative referral options include the NHS Digital Weight Management service for people with hypertension and/or diabetes and practices are now encouraged to use this programme as a priority rather than local tier 2 and 3 weight management services. People should be referred into the Diabetes Prevention Programme when non-diabetic hyperglycaemia identified. In addition the national low-calorie diet programme can be used for some of those who are living with diabetes led by Xyla Health that is available to all GP practices in West Yorkshire for people with type 2 diabetes, a one-year programme to support healthier lifestyle, weight loss, and remission of type 2 diabetes. The programme consists of a period of total meal replacement that has been shown to help some people with type 2 diabetes achieve and maintain non-diabetic glycaemic levels and discontinue diabetes medication altogether (achieving remission).

General practices are asked to the new [weight management referral form](#) to the digital weight management programme. A [video](#) outlines the referral process.

Keeping people well during spells of hot weather throughout summer

Leeds public health and Leeds CCG have produced a [Heatwave Plan](#) to support people during the summer. The plan provides guidance on how services can protect the population, particularly those who are most vulnerable, from heat-related harm to health during periods of severe heat.

In addition, the clean air website provides information on air quality in Leeds, air pollution forecasts and alerts: <https://www.leeds.gov.uk/clean-air>.

Initial Health Assessment services in support of new arrivals from Ukraine

In order to support Ukrainian refugees arriving in England, NHSE/I is asking CCGs and ICSs to commission Initial Health Assessment services in support of new arrivals from Ukraine. NHSE have developed an outline specification and a template Local Enhanced Service to support delivery by patients' own registered GP practice when they register, should practices wish to sign up. Details this can be found on the [NHS England website](#).

The DHSC has also published bilingual versions of the GMS1 registration form:

English / Ukrainian: <https://www.gov.uk/government/publications/gms1.uk>

English / Russian - <https://www.gov.uk/government/publications/gms1.ru>

82,000 Patients on Medical waiting list

The long waiting lists for hospital appointments and procedures is impacting all practices and thousands of patients in Leeds. For information about this [YEP article](#) provides more detail.

West Yorkshire Health and Care Partnership Integrated care system monthly update for programme boards

Please see the attached June newsletter.

LMC Event – CCG to ICS implications for general practice – 24th May 2022

This week will see the transition from CCG to Integrated Care Systems with the Integrated Care Board being established on 1 July. To learn about this we are pleased to share the recording of the above event and Q&A.

Main event: <https://youtu.be/EfEdmdD3EWk>

Q&A panel: <https://youtu.be/9loptVyQMxU>

GPDF June Newsletter

You can access the latest GP Defence Fund newsletter here:

<https://www.gpdf.org.uk/gpdf-newsletter-communique-june-2022/>

North School of Pharmacy and Medicines Optimisation June 2022 newsletter

For your information, please find attached the North School of Pharmacy and Medicines Optimisation June 2022 newsletter. Please also find attached a flyer containing information regarding the fifth annual #GenomicsConversation campaign taking place from 20-24 June 2022.

FUNDING OPPORTUNITY: EOIs for pharmacy post-registration education funding - Deadline 10am Monday 11 July 2022

The North School of Pharmacy and Medicines Optimisation - Health Education England (HEE) is able to offer some funding for 2022-23 to support post-registration education and training for upskilling pharmacy staff working in NHS organisations or in organisations providing NHS services across the North of England. Please see the attached letter for more information or contact medicinesoptimisation.north@hee.nhs.uk.

The School of Pharmacy and Medicines Optimisation invite bids for funding, by completion of the survey on the following [link](#) by **10 am Monday 11 July 2022**.

Please note, if you are currently in receipt of funding for the first year of a course, you will need to submit an application to obtain second year funding. Submissions made after the deadline will not be accepted.

Comings & Goings

- Fairwell to Practice Manager Pam Wilson is retiring from Thornton Medical Centre.

- Dr Coates has been made a partner at Colton Mill Medical Centre. GP Partner Dr Kay has gone on maternity leave. Congratulations to GP Partner Dr Backhouse and his wife welcomed the birth of their daughter this month.
- Hyde Park Surgery welcomes Dr Beth Tynegate who is working two days per week as a Salaried GP at the surgery.

Vacancies

GP PRIMARY CARE RECEPTIONIST VACANCY Oakwood Surgery Leeds LS8 4AA West Yorkshire

Minimum 12 hours per week Wednesday 07.45am to 1.45pm, Thursday 12pm to 6pm available for the ideal candidate to join our thriving Practice.

Starting Salary £9.40 per hour (rising after completion of probation/training)
we have an annual bonus scheme and guaranteed annual pay rise for the successful candidate

Oakwood Surgery is a friendly, enthusiastic and dynamic practice serving over 5000 patients in this desirable area of Leeds next to Roundhay Park.

We are seeking a self-motivated Receptionist capable of working autonomously and within our supportive team of 6 Receptionists, 4 GP's, 2 Nurses & a HCA.

The successful candidate ideally will have experience of working as a Receptionist in General Practice and use of SystmOne software. We will provide training for all aspects of the role.

To apply please send your CV to Mrs Donna Marks, Managing Partner at donna.marks@nhs.net or call the surgery on 0113 2951515 for an informal chat.

Closing date: Friday 1st July 2022

Newton Surgery, Leeds LS8 – GP Vacancy

The position is for 6/8 sessions per week the start date would be July/August. If anyone is interested and would like more details, please contact gulrez.khan@nhs.net.

Operational Manager – Yeadon PCN

Yeadon PCN are looking for an Operational Manager to work with our practices, our Clinical Director and the other members of the PCN and practice teams.

Yeadon PCN has a patient population of approximately 37,000 across 3 practices. We aim to provide high quality services adhering to principles of best practice, promoting equal opportunities and working positively with diversity.

OUTLINE OF POST

The focus of the PCN is to determine and drive the key objectives contained in the Directed Enhanced Service Contract (DES) as well as maximising our potential income from the Impact and Investment Fund.

The PCN Operational Manager is pivotal in bringing together the various management, administrative and project based duties in support of Yeadon PCN, working with the Clinical Director and other leads within the PCN and wider practices.

It is essential the right candidate can demonstrate solid skills and experience from a similar based setting.

The PCN works with other local health providers and stakeholders and the post holder will be expected to maintain a good level of communication and build working relationships, this will include working closely with the Practice Managers from each of the PCN member surgeries.

Candidates will act as first contact for PCN Staff and other stakeholders, reporting as required to the Clinical Director or other members of the PCN. Candidates must be able to show experience of working autonomously, coordinating and prioritising their own workload.

A good working knowledge of PCN finances, the PCN DES as well as HR and resource management will support you to coordinate the day to day organisation of the PCN efficiently, along with the workloads of other non-clinical employees in a supervisory role.

The role will involve day to day liaison with the PCN Practices to ensure engagement and understanding of the PCN specifications and implementation.

Salary depending on experience.

If you have any questions or want more information on the role please contact Simon Beer at simonbeer@nhs.net

Salaried or retainer GP - St Martins Practice

The closing date is 03 July 2022

Job summary

We are seeking a salaried or retainer GP with strong clinical skills to join our democratic and forward-thinking practice. We'd like you to bring a commitment to serve our varied practice population. You will have the opportunity to play a full role in all aspects of the practice. We welcome applications from GPs with a special interest that they have or would like to develop for example health inequalities and would consider allocating a session in this area to complement their PMS GP sessions

Main duties of the job

We are a co-operative team, meeting daily for mutual support in our modern spacious new premises. We want all our clinicians to have a good work-life balance and an enjoyable working day.

St Martin is an urban training practice, caring for a patient list of 7500. Excellent QOF and target achievement and a track record of innovation. 5 clinical partners. Excellent skillmixed nursing team doing long-term condition management. Well-developed Patient Support Team who are care navigating & managing the clinical letters. Wide range of attached staff and services. Active member of Chapeltown Primary Care Network.

We are a visa sponsor.

Please see the information pack on our website. Informal chats welcome: Camilla Hawkes, Managing Partner, camilla.hawkes@nhs.net, 07493 877922

Closing date: 9am 3rd July 2022